



Storm Football

Atom Registration Requirements

PLEASE ENSURE ALL FORMS ARE FULLY COMPLETED AND LEGIBLE (Parent & Player Signatures, Parent emails) AND ALL OTHER DOCUMENTS PROVIDED.

- 1. **Storm Registration Information Data Sheet**
- 2. **Registration Payments (Cheque, Cash, Money Order, Internet email)**
 - A. Team Fee (includes insurance)
 - B. Equipment Deposit POST DATED CHEQUE \$250.00

(Please note if you have attended any camps in 2011 reduce amount by \$25.00 PER CAMP)

Please Make Cheques payable to AIRDRIE STORM

=====Forms due at Registration=====

- 3. **Photocopy of Alberta Health Card or Birth Certificate (proof of age)**
- 4. **Photocopy of Utility bill or drivers license (proof of address)**
- 5. **Health Questionnaire**
- 6. **Storm Code of Conduct & Conflict Agreement (*all parents must sign)**
- 7. **Volunteer portion filled in (choose at least 2)**
- 8. **Holidays info filled in**

* All parents attending games or practice field must read and sign the code of conduct & conflict agreement



STORM FOOTBALL CLUB

GM Jane Rohl 948-0694

Registration Data Sheet

(Please attach a photocopy of Birth Certificate and Alberta Health Care Card & Utility bill)

Please Fill Out Prior to Paying Registration Fee

(Note: Player must reside in Storm jurisdiction or if out-of-area, have a waiver from in area team.)

Ages – Peewee (11-12) Atom (7-10)

Family Name: _____

Player's First Name and Initial: _____

Date of Birth (yyyy/mm/dd): _____

School Attending: _____

AHCP#: _____

Special Medical Needs/Allergies: _____

Doctors Name: _____ Dr Phone: _____

Mother's Name: _____

Father's Name: _____

(Please specify who the child lives with for emergency purposes)

Street Address: _____

City: _____

Postal Code: _____

Phone Number (home): _____

Phone Number (cell): _____

Email (checked daily): _____

August to November Vacation (begin to end dates): _____

Privacy Statement – The information collected here is to be used solely for the registration of players in the Airdrie Storm Football programs and their governing bodies, and remains the property of the Airdrie Storm. It will not be distributed in any fashion, to any parties, without the prior written consent of the parents and/or legal guardians of the registering player.

Volunteer Preference: (please choose 2)

SIDELINE CREW (peewee only)	TEAM PARENT REPS (2)	
PARENT REFEREE (Mandatory)	ATTENDANCE / WASHROOM	
EQUIPMENT FITTING & MAINT.	FIRST AID	
DRILL OBSERVER (practices)	PHOTOGRAPHER	
FIELD SETUP /TAKEDOWN	BANQUET (potluck)	

Registrar Use Only-

Fees - \$ _____ Cash, Chq. # _____ MO _____ (no-refund after CPFA League Registration)

Equipment Deposit - \$ _____ (post dated cheque Nov 15th)

AIRDRIE STORM PEEWEE-ATOM FOOTBALL
CODE OF CONDUCT & CONFLICT AGREEMENT

RESPECT: Responsible Educated Sportsmen Promoting Ethical Conduct Together

The following regulations govern the conduct of each Player & Parent in the Airdrie Storm Peewee & Atom Football Program and as a member of the Calgary Peewee Football Association.

Calgary Peewee Football Association (CPFA) Rules state a Player shall:

- (i) Not utilize tobacco in any form whatsoever;
- (ii) Not indulge in alcoholic beverages; Not utilize narcotics or abuse drugs ;
- (iii) Not use inappropriate language at any time,
- (iv) Not participate in or instigate any physical or verbal abuse or actions against any Player, Coach, Official or Fan
- (v) Not commit any other act which the Calgary Peewee Football Association deems detrimental to the Team or its staff or objects.

Airdrie Storm Code of Conduct for Players and Parents I will have:

- Respect for the Athletes
 - BE ON TIME,
 - TAKE CARE OF EQUIPMENT,
 - PROVIDE NECESSARY FEES,
 - ENSURE I HAVE WATER,
 - HAVE A PARENT at ALL PRACTICES and GAMES,
 - CALL COACH FOR ALL ABSENCES
- Respect for the Team
 - CHEER NOT COACH,
 - BE A POSITIVE ROLE MODEL,
 - CONGRATULATE WIN OR LOSE
 - ENCOURAGE MY TEAMMATES
 - PROMOTE SPORTSMANSHIP and NON-VIOLENCE BOTH ON AND OFF THE FIELD
- Respect for the Coaches, Team Staff, Officials and Facilities
 - COACH'S DECISION; be supportive, even when my athlete is not playing
 - OFFICIALS –Play call
 - FACILITIES –Rules and Regulations (i.e.) Shouldice, Shriners , East Lake, McMahon)

(It is hereby understood and agreed that there will be technical demonstrations between coaches and players requiring physical contact. Contact is oftentimes necessary to teaching proper skills)

Airdrie Storm Parents Conflict Agreement:

STEP 1

- a) Observe 24 hour rule, a time to breathe and let cooler heads prevail
- b) Confidentiality must be maintained in regards to all conflicts please keep between Parent and the Head Coach.

STEP 2

- a) After 24 hours Only Head Coach is to be contacted at the Field
 - o Present conflict in a clear and concise manner
 - o Write down your concerns
- b) Head Coach will then do his due-diligence and respond within 5 working days.

STEP 1 Failure

Escalation of Conflict:

- Failure to respect and comply with conflict agreement Step 1a and 1b will result in automatic removal from Team and no release will be given.

We the Parents and our child have read and understand the above stated Code of Conduct and conflict agreement (Must be signed by both Parents)

We agree that any questions we have in regards to our child and this sport will be directed to the Head Coach @ 948-0694

CODE OF CONDUCT:

Print Players Full Name

Mother/Guardian Signature

Date

Players Signature

Father/Guardian Signature

Atom HEALTH QUESTIONNAIRE

1 PERSONAL DATA

Name: _____ Phone #: 403-948-0694 AHCP# _____
 Address: _____ Prov. AB
 Gender: M F Date of Birth: _____
 (d/m/y)

2 EMERGENCY CONTACT:

Name: _____ Phone # (h) _____
 Address: _____ Phone # (w) _____ Relation: _____
 Family Physician: _____ Phone # _____
 Family Dentist: _____ Phone # _____

3 MEDICAL CONDITIONS

Indicate "yes" or "no" to the following questions and explain any "yes" answers

Have you ever been hospitalized?	YES	NO
Do you have any allergies (medicine, bees, or other stinging insects)?	YES	NO
Do you or any of your family members have high blood pressure?	YES	NO
Have you been told that you have a heart murmur?	YES	NO
Do you or any family members have a history of heart problems?	YES	NO
Do you have any skin problems (itching, rashes, and acne)?	YES	NO
Have you passed out or been dizzy during or after exercise?	YES	NO
Do you have medical conditions that affect participation? (Diabetes, Epilepsy, asthma)?	YES	NO
Have you had a head injury (i.e. Concussion)?	YES	NO
Have you ever passed out during or after exercise?	YES	NO
Have you ever had a stinger, burner, or pinched nerve?	YES	NO
Have you ever had heat cramps or muscle cramps?	YES	NO
Have you had medical problems since your last physical?	YES	NO
Explain any "yes" answers you have given		

4 ORTHOPEDIC CONDITIONS

If you have injured any bones, joints, or muscles that require medical attention, please elaborate:

<u>Body Area</u>	<u>Specific Injury</u>	<u>RT</u>	<u>LT</u>	<u>Date</u>
Head/Neck	_____			
Shoulder/Arm	_____			
Wrist/Hand/Fingers	_____			
Chest	_____			
Back	_____			
Pelvis/Hip	_____			
Thigh	_____			
Knee	_____			
Shin/Calf	_____			
Foot/Toes	_____			

Do you wear any special equipment (braces/splints/eye guards/etc) _____

Do you wear glasses, contacts, or protective eyewear? YES NO

Are you presently taking any medications or pills? YES NO

Have you missed five (5) games in a row due to injury? YES NO

Have you been treated for any medical conditions in the past 3 months? YES NO

Do you wear a dental appliance? YES NO

Do you wear a medic alert bracelet? YES NO

List the medications that you are taking for the above mentioned medical conditions or injuries:

How long have you been participating in this sport? _____

What other sports do you participate in? _____

5 CONSENT

I, _____ parents/guardian of _____
 have completed the medical questionnaire to the best of my knowledge and have not willingly withheld information on any condition or injury for which my child has had in the past or is currently being treated. I recognize the importance of the medical questionnaire in assisting the coaches in providing prompt and accurate medical attention. I am aware that the team staff member attending to my child's injury may need to clarify any previous condition or injury that my child has sustained. I understand that this information will be kept confidential unless it is necessary to divulge it to another medical practitioner/medical facility.

Parent/Guardian Signature	Date
Parent/Guardian Signature	Date